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Goitre

By HERBERT W. RIGGS, M.D.C.M., F.R.S.C. (Edin.), F.A.C.S.

Goitre is a term applied to non-inflammatory enlargements of the thyroid gland. This gland lies in the neck, a lobe on either side of the trachea, connected by a horizontal bar of tissue called the isthmus. The gland is covered by a layer of fascia, or fibrous tissue which connects it with the trachea and oesophagus. This accounts for the upward movement of the thyroid when swallowing.

The thyroid is one of a group of glands located in different parts of the body, which has no definite outlet for its secretion, but throws the products of the cells directly into the blood, whence it is carried to all parts of the body, to influence either the general cells of the body, or to govern in some way the production of secretion from other glands. These are called glands of internal secretion.

The particular substance which is thrown off from the thyroid cells is a colloidal form of iodine. This is apparently necessary to normal physical and mental activity, as we view it, as the lessened supply of it in such cases as Myxoedema, results in very marked lethargy. Probably the iodine in the thyroid secretion stimulates other gland cells whose secretions have to do with oxidation, thus supplying the energy for activity.

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EDITOR, C. M. A. J.

Goitre is a disease which is pretty nearly world wide. Some districts are quite free from it, while in others it is endemic. Examples of the latter are: Switzerland, parts of France, and the Peak District of England. The present indications are that British Columbia will also come within that class. Examination of the school children shows that it is exceedingly prevalent in this province, and that in certain parts it is much worse than in others.

While the ordinary goitre is most common in girls between the ages of thirteen and eighteen, yet it is found quite frequently in younger girls and in boys. This predominance of the disease in the female must be taken account of in any hypothesis which is advanced as to Etiology.

The fact that certain districts have more goitre than others has lead investigators to see if there was any common factor to these which induces the disease. It is most commonly thought that the water supply is the cause, but there the unanimity ends, for some think that the water is polluted by decaying vegetable matter, or by bacteria, others that certain constituents of soil are responsible, while others believe that there is a lack of certain chemicals, particularly of iodine. The evidence brought forward by the different advocates is very conflicting. One of the most prevalent ideas at present as to cause is the pollution of water. This has been ably set forth by Major McGarrison of the Indian Medical Service.

Located in the hill country of India, Major McGarrison noticed that in some villages, goitre was extremely prevalent, while in others the inhabitants were practically free. The people, manner of life, sanitary conditions being similar, the factors which were different were the water supply and the soil surrounding. Experiments were made by giving to a number of young men, free from goitre, the water which supplied a goitrous village. Within a month the majority showed an enlargement of the thyroid. In another experiment, only the sediment was given with practically the same results.

Other investigators have found that in France and Switzerland there are definite goitrous water supplies. Some French authors mention a seasonal increase in the goitre of certain districts. It was found by boiling the water that the same results were not produced. Having come to the conclusion that there was a living excitant as the cause, McGarrison, in order to explain the exception, when the water was not of this type, investigated the alimentary tract. A culture was made from the feces of a goitrous individual and it was found to produce goitre in animals.

McGarrison's conclusions have not been accepted by many. Iodine, or the lack of it, has been blamed for the goitre. In some sheep which had developed goitre it was found by feeding the impure sea salt, which contained iodine, that the goitre disappeared. The farmers in the Pemberton Meadows were troubled by the cows and horses suffering from enlargements of the neck. They found by adding a small proportion of

iodine to the water that these swellings disappeared and that other animals were prevented from having the goitre. This could be explained by the demand of the system for iodine, which is elaborated in the thyroid gland, and as the external supply was short, the gland tissue hypertrophied in an attempt to meet the demand. Another explanation might be that with a toxin in the system, either endogenous or exogenous, the iodine assisted a gland which was working overtime, trying to neutralize it. Attention has been called to the fact that goitre is very prevalent in limestone districts, such as exist in the Peak district of England. These various views only go to show that as yet we are not in possession of a sufficient number of facts to formulate a consistent theory of the causation. These theories are to explain only the ordinary form of goitre.

There exists another form known as Exophthalmic goitre or Basedow's Disease. This is an entirely different trouble and has symptoms which resemble a toxemia. Its prominent features are weakness, nervousness, tachycardia, and in a certain proportion, exophthalmos. Frequently it is of rapid onset and often is due to a fright, a sudden extra exertion, or to some poison in the system which overwhelms it. Experiments have shown that constant irritation of the sympathetic nerves will produce similar results. This points to a nervous origin, but the exact cause is still unknown.

Beside these two well defined types of goitre, there is a class which, beginning as the ordinary form, under the influence of some stimulant, the system begins to change the condition of the gland from the ordinary form to one in which toxic symptoms are noticeable. These symptoms vary from cases in which a few nervous symptoms are present to those which are indistinguishable from exophthalmic goitre cases. In these the history is usually a chronic one.

Treatment

In treatment, as in etiology, we are still somewhat at sea. Much has been written on it, but so far the treatment of the ordinary form of goitre, especially in the adolescent type, consists of iodine in some form. This has in many cases a marked effect. That depends upon the re-adjustment of the internal secretions to the conditions of life. In case the goitre does not respond to treatment, it may later in life become subject to a change in structure and give rise to toxic symptoms. It is sometimes quite difficult to differentiate between a normal goitre and one beginning to undergo changes, but when once definitely decided that the latter is taking place, an operation is the method of choice. Many of these later cases have been and are still being treated for neurasthenia.

Exophthalmic goitre may run a very acute course, in which case rest, sedatives and X-Ray are useful methods of treatment. During this period, operation should not be considered. After the acute stage has passed, removal of the most of the gland appears to help recovery, but usually the patient's heart and nerves have so suffered from the toxemia

that they are incapable of strenuous or prolonged exertion. All cases showing a focus of infection should be treated, as removal of toxins from the blood may have much to do with the question of cure of the goitre.

In conclusion it must be confessed that in spite of the universality of the disease and of the numerous investigations into its cause, we are far from having a correct idea of its etiology, and consequently of its rational treatment.

Following the example set by the farmers in the prevention of goitre in their stock, it might be well for people in a goitrous district to give iodine to the children, under a physician's directions in order to prevent the development of the disease. This would be in the nature of an experiment.

McGarrison's conclusions have lead many to advocate the boiling of water. This may do good, although I do not believe for the same reason.

THE RETURN OF INFLUENZA

In speaking of the return of influenza, it is not to be implied that this obstinate and fatal disease, mysterious in many ways, has gone. Such is, unfortunately, not the case, for it is present in many parts of Canada at the present time, though not in epidemic form. The germs of influenza are still present with us, and it is impossible to say how long the disease may linger, or what circumstances conduce to its removal. The truth is, we do not know all about it, for pathologists differ in their expert views. To ascertain all the facts requires continuous research and intelligence work; the truth as to the presence of the filter-passing virus has yet to be conclusively proven.

Both the medical profession and the public must work together to prevent the spread of this scourge, the former along the lines of prevention and treatment, and the latter to avoid as far as possible the spread of the disease by a system of domestic inspection by which prompt medical care is obtained. It is only by team work on the part of the provincial and local health authorities, the medical profession, and public and private authorities, that this end can be accomplished. The provision of competent nursing is a most important factor in turning the scale in the patient's favour, and measures taken in this direction are amply justified by past experiences.

As the epidemic of 1889-90 was followed by two others in the next two years, and the second was the most severe of the three, it is not too much to expect that there may at least be outbreaks more or less limited in their extent. The public should be warned and urged to give to the medical men their intelligent co-operation, and also that the patients be assured of the provision of adequate nursing assistance.

—*Conservation of Life.*

How the University of Toronto is Co-Operating with the Training Schools for Nursing

By E. A. Homes

Instructor, Hospital for Sick Children, Toronto

Affiliation with the University of Toronto, although comparatively short and limited, is regarded with pardonable pride by those interested in the future of our Student Nurses. Its value and efficiency was soon apparent and acknowledged by all chiefly concerned.

In the present age, when there is so much discussion on higher education in every profession, those interested in nursing work are closely watching developments incident to training schools for nurses.

Looking back over the history of nursing education, we realize that remarkable progress has been made, but we believe, with the demands for a higher standard of education, the time has come when training schools must begin to conduct their work in accordance with modern, accepted and established methods. That nurse educators are realizing this is shown by the way in which they are responding to the opportunities afforded by University affiliation.

It is not only interesting, but encouraging, to note the steps taken by the training schools for nurses in Toronto, in inaugurating their classes for instruction at the University. Although the plan is by no means original, it is recorded with more or less satisfaction, as it proves that similar attempts made by other educational centres have not been in vain, and are well worth trying.

This University connection, even though limited, is bound to appeal to the prospective candidate, and obviously to the type of woman the training schools are seeking, as it has already appealed to the student nurse. It will also demand from the public a new status and dignity for nursing work.

Although it is impossible to estimate the benefits of such a relationship after so short a trial, we are assured that the advantages are obviously very great; one of the foremost being the opportunity of broadening and developing the intellectual aspect of our work. The getting together of the students from the several schools of nursing has created a spirit of geniality which did not exist in such a general way, the natural tendency being for each student to think her course the best. This feeling has been very largely eliminated.

One of the outstanding features of University affiliation is the establishment of a uniform course in all theoretical work for the hospitals thus concerned. Members of the Faculty gave a very instructive

course of lectures, and one might venture to say that their interest was possibly keener than when lecturing to individual schools. The occasion was conspicuously rare when lectures were postponed, and always given punctually at the hour specified. Examinations were set which, needless to say, were of a high standard, and the results were most encouraging.

The University of Toronto has offered to pupil nurses a course in Sociology which is unique in its arrangement. This course was started in 1914, and is open to senior classes of training schools, who become regularly enrolled as part-time students of the University. The course, which is arranged by the University, consists of one lecture a week and extends throughout the college year. The fee set by the University is paid by the training schools. It is essential for the student to have had the course and to be registered at the University before she is accepted for field work. This year a certificate was given to each school having pupils enrolled.

The fact that the University authorities have co-operated to such an extent should be sufficient evidence to prove an incentive to other schools of nursing sufficiently close to University centres to avail themselves of the privilege placed before them, and if we permit ourselves to look into the not-far-distant future, it is possible to conceive the establishment of a Chair of Nursing in the University of Toronto, which we realize is the predominating factor in educational development.

(Read at the joint meeting, June 30th, C.N.A.T.N. and C.A.N.E. Convention, Vancouver.)

Mr. Joseph L. Hayes, of Philadelphia, recently returned from France after eighteen months of service, has resumed his duties in the Department of Physio-Therapy at the Pennsylvania Orthopaedic Hospital and School of Mechano-Therapy, Philadelphia, Pa.

It is essential that the people should know what future prosperity hangs on the widening and broadening of trade—trade in all lines: agriculture, mining, fishery, lumbering and manufacturing. We could make or produce within our own frontier many things we import, and so keep here the money we have.

Miss Pauline Mansfield of Easthampton, Mass., a graduate of the Pennsylvania Orthopaedic Hospital and School of Mechano-Therapy, of Philadelphia, and the Sargent School, Boston, and until recently Head Aide in the Physio-Therapy Department at Camp Zachary Taylor, Kentucky, has accepted the position as head of the School at the Pennsylvania Orthopaedic Hospital and School of Mechano-Therapy, Philadelphia.

The Services of Canadian Nurses and Voluntary Aids During the War

By JEAN GUNN, Toronto

Read at the C. N. A. T. N. Convention, July, 1919.

As this is the first meeting the two nursing associations represented here to-day have held since the signing of the Armistice, it seems fitting that a short record of the work of the Nursing Sisters and Voluntary Aids should be presented to the members.

The majority of the nurses who went to active service were members of these Associations and will resume their membership on their return to Canada and civilian work.

When the call for nurses came at the beginning of the War, no group of workers was more willing and ready to answer the call. Unfortunately for the nurses, but fortunately for Canada, a great many who volunteered for Active Service were unable to proceed Overseas. In this respect the nurse who did not serve Overseas, not because she was not anxious to serve, but because the demand for nurses was met, and the Government had a long waiting list of volunteers, is in a different position from the soldier. Practically all the men who expressed their willingness to serve their country were given the opportunity to do so. The need for men was so great that even volunteer effort failed, while the need for nurses was so limited that the majority of the nurses who volunteered had to remain at home.

Before going any further in this report, I would like to speak for a moment on the nurse who served in Canada. Since the beginning of the War, the hospitals have all had increased numbers of patients, the hospitals under the management of the Soldiers' Civil Re-establishment have had to be staffed with nurses, and everyone here is familiar with the daily increasing need for nurses. The great shortage of labour in all public institutions, as well as in private life, has not made the problem any easier to solve. For this reason the nurse who remained at home has not failed to do her part.

The first unit of nurses sailed on the 29th of September, 1914. Since that time 2,170 nursing sisters have proceeded Overseas with the Canadian Army Medical Corps, 313 to the Queen Alexandra Imperial Military Nursing Service, 68 were sent by the Canadian Red Cross and St. John Ambulance Brigade; 24 to the French hospitals, through the French Flag Nursing Corps, and about 80 through other organizations, such as the American Red Cross, units sent by private individuals, etc.; the total number sent since the beginning of the War is 2,655. Of the 313 nurses who went to service with the Queen Alexandra Imperial Military Nursing Service, 94 enrolled under the Cana-

dian Army Medical Corps after their term of service with the Imperials was completed.

The nurses have served in England, France, Belgium, Russia, Egypt, and Greece. Several units accompanied the army of occupation into Germany. They have been assigned for duty in every kind of military hospital, from Casualty Clearing Stations to the Convalescent Homes. The service required of the nurses has been varied, some having taken special courses in order to qualify for the much-needed work in massage, and some have been working as anaesthetists. A great many have been called upon to work under most trying conditions—the conditions of modern warfare. We are very proud to record that in these trying times the nurses proved themselves true soldiers. When the hospitals behind the firing line were bombed by the enemy aircraft, the nurses remained at their posts, giving their first attention and thought to the wounded men in their care. When the enemy submarine warfare included among its victims the "Llandovery Castle," on which a unit of nurses were returning to continue service, 15 gave up their lives.

The number of decorations awarded the Canadian nurses shows, to a certain extent, the appreciation of their services. But here again actual figures are most misleading, as many nurses Overseas were as deserving of decorations as the majority of those to whom they were given. The nurses in the working ranks were not in a position to be singled out for honors unless practically all were included. For this reason the decorations, to a large extent, were given to nurses in executive positions, such as matron and assistant matron. I feel that this fact should be remembered, as it is not fair to the nurses who did the greater part of the work to judge their service by the fact whether they did or did not receive a decoration. Seven of the nurses were given the Military Medal, and two who went to service under the French Flag Nursing Corps were given the Croix de Guerre by the French Government. These decorations rank highest, as they are awarded for individual courage and service. Forty-three were awarded the Royal Red Cross, first class, and one hundred and forty-nine the Royal Red Cross, second class. This list is not yet completed, as many decorations have not yet appeared in the Gazette.

It is with great sorrow that we record the death of forty-four of our nurses while on Active Service. Seventeen died Overseas, six died in Canada, one was killed in action, Nursing Sister K. M. McDonald, five wounds; Nursing Sisters G. M. Wake, D. M. Y. Baldwin, A. McPherson, E. L. Pringle, Margaret Love; fifteen were drowned, due to enemy action at sea, Nursing Sisters M. H. Fraser, C. Campbell, C. J. Douglas, H. Dussault, H. Follette, M. J. Fortescue, K. Gallagher, J. M. MacDiarmid, M. A. McKenzie, R. McLean, M. B. Sampson, G. I. Sare, K. J. Stainers, J. Templeman, H. Millett. We also have to record

seven sisters severely wounded in bombing raids, when the hospitals in which they were on duty were bombed.

A great deal was done for the comfort of the nurses when in need of rest or convalescent care. A Nursing Sister's Convalescent Home was established at Margate, where a great many of our Canadian Nurses received convalescent care. This Home is now removed to Buxton. The Canadian Red Cross Rest Home, Ennismoore Gardens, and the Canadian Nurses' Club at Lancaster Gate, London, were also greatly enjoyed by our nurses. In France a Red Cross Hostel was established at Boulogne and Rest Homes at Mentone, Cannes, Paris and Hardleot.

The last unit of nurses sailed the 7th of December, 1918. It has not been possible to secure definite information concerning the nurses who went Overseas, except those who served under the Canadian Army Medical Corps. On June 1st, 1919, there were still 1,210 nurses overseas, 560 had returned and been demobilized, 525 had returned and entered the Military Hospitals in Canada. In addition 200 nurses were on service in Canada who had never proceeded Overseas. A great many nurses, after demobilization, have entered for service with the Soldiers' Civil Re-establishment, either for hospital duty or in connection with the Social Service Branch.

The Nursing Sisters rank as officers, and the scale of pension they receive is in accordance with their rank. The returned nurses, when demobilized, are also given the same active service button that the soldiers receive.

The record of nursing would not be complete without including the Volunteer Aids under St. John Ambulance Brigade. The volunteers who were sent Overseas numbered 341. Of these, British Columbia sent 23; Alberta, 18; Manitoba, 24; Saskatchewan, 24; Ontario, 174; Quebec, 46; Nova Scotia, 3; New Brunswick, 25; Prince Edward Island, 4.

The first unit sailed September, 1916. The majority of the Volunteer Aids, numbering 310, were appointed for duty in the hospitals in England; 29 served in the hospitals in France, and 2 in Egypt. It has not been possible to record accurately the average length of service, but it is well over a year for each volunteer. In addition, many served in our Canadian hospitals before going overseas. It is not necessary to speak at any great length on the work of the Volunteers, as it is well known to all. It is, however, worthy of note that these young women who were, for the most part, unaccustomed to long hours of work under discipline, did not hesitate to undertake such work when the need came, ready to go any place where their services might be of use to our soldiers. They have earned the approval of the trained worker by their record during the war. Two of our Canadian Volunteers died Overseas, this being quite a remarkable record. The last unit sailed in

September, 1918. There are still 226 Overseas, 113 having returned to Canada. There were, however, many volunteers who were unable to proceed Overseas, and who rendered valuable service at home.

In British Columbia 1 volunteer has served, and is still in the Service; in Alberta 12 have served and are still serving; in Manitoba 14 have served, 13 remaining; in Saskatchewan 7 have served, 6 remaining; in Ontario 31, 30 remaining; in Quebec 50, 38 remaining; in Nova Scotia 5, 4 remaining: in New Brunswick 2 have served and are still in the Service. The total number of volunteers serving in Canada totalled 122, of which 106 are still on duty in the hospitals. Up until the present no provision for a pension or any acknowledgment of the service of the volunteers has been made by the Dominion Government.

It has not been possible to get any detailed information as to the work of the nurses with the Department of Soldiers' Civil Re-establishment in the hospitals in Canada. There are at present 150 nurses on duty with this Department, this number including the nurses engaged in Social Service Work. The present plans are not sufficiently definite to form any estimate of the number of nurses that will be needed for this work in the near future.

Now that the War is over and the nurses are returning from Overseas, the question naturally arises as to what work they will engage in after demobilization. The executive of the Canadian National Association decided to make some suggestions to the Department of Soldiers' Civil Re-establishment as to how the nurses might be fitted into the nursing needs of the country and at the same time help the nurses themselves to resume work in civil life.

The reasons for some effort of this kind were submitted to Sir James Lougheed, Minister of the Department of Soldiers' Civil Re-establishment at Ottawa on March 27th, and were as follows:

The returning nurses, many of whom have served Overseas since the beginning of the War, find that they are completely out of touch with civil work in all its branches. They need to have a way provided to bridge over the gap between Military and Civil work. This could be done with very little inconvenience, as the nurses are in a different position to the returned men. They already have their nursing education, and what is needed is a short post graduate term in whatever branch they wish to enter. One great need in our country is nursing personnel for public health work. We need nurses trained for this service. A great many of our returned nurses are well qualified for this branch, but not trained for it. Military work Overseas is no preparation for public health work in Canada. The proposal, therefore, was for the Department of Soldiers' Re-establishment to ask the Universities to undertake this special work, giving a short, intensive course in public health work. Such a course was given this year by the University of Toronto, during the months of May and June, and

could easily be repeated in the other Universities. The teaching personnel is in the Universities, and the whole undertaking was simply the organization of the course. The cost of such a scheme would be very little, but would be of great national benefit.

Another suggestion was to offer to the returned nurses who wished to enter Institutional work, a short post graduate course in executive work in some of our larger hospitals. This could be arranged with very little difficulty, and the result would be that many of the returned nurses would train for executive work in our hospitals, where such workers are so badly needed.

Another suggestion was to open a Bureau of Information to which all institutions and organizations could report vacancies and needs for nurses, and to which the returned nurses could apply for information as to vacancies, etc.

One reason why the Executive felt that some action to place the nurses was necessary was the fact that many of our Canadian nurses had been trained in the United States and had worked there before going overseas. These nurses, unless some attempt was made to interest them in nursing in Canada, would naturally return to the United States. The war has made a great many of these nurses feel that they would prefer to remain in their own country, and Canada needs every trained worker at her disposal.

The above suggestions, however, did not meet with the approval or co-operation of the Minister of the Department of Soldiers' Civil Re-establishment, and up to the present, as far as is known, no attempt has been made by that Department to meet this need.

The question to be settled first is whether our returned nurses are entitled to any assistance of this kind from the Government of the country which they have served, many of them since the beginning of the war. If this meeting considers that they are deserving of this moderate plan for re-establishment, are there any suggestions as to the future procedure of this Association?

I have tried to give some idea of the number of nurses and a brief summary of their work, but the record of their cheerfulness under every hardship, the long hours of work with no time for rest during an active time on the front line, calling forth every bit of endurance each one possessed, their courage during air raids when hospitals were bombed, on the sea when ships were torpedoed, or the comfort they brought to our dying and wounded, will never be recorded. We as nurses are proud that some of our fellow workers were given this wonderful opportunity and privilege of sharing with our men, to a small extent, the horrors of the Great war.

The Grouches of A Grad.

"MUSIC HATH CHARMS"

By Rene Norcross

I switched on the light, pulled down the blinds, and sank gracefully into our only easy-chair.

"Grand weather for the time of year," I remarked cheerfully.

Sadie was so long in replying that my conscience began to reproach me; I had beaten her to the chair by a short dead.

"Oh, it's alright," she said at last in a tone that was all wrong.

"Of course if you'd rather have the chair"——I began remorsefully.

"I don't want your old chair," said Sadie gloomily, "but I do wish the barrow-coat ever **was** in the middle drawer."

I sat up and regarded her anxiously. Annie is a good little cook, but her stew that day had not been quite all its friends could wish.

"You don't feel as if you had a temperature or anything, do you?" I ventured.

"Now the shirts," Sadie continued, ignoring me in that disconcerting way she has, "you can nearly always put your hand on, as likely as not they'll be over the foot-rail of the bed, sure to be if the doctor happens to get in ahead of you, and of course the didies are always strung along the line in the kitchen—you've only to reach up and yank down a couple, and funnily enough they are generally particular about folding up the binders and putting them back in the same place each time, and the dresses the same; but when it comes to the barrows, it's the limit."

"Isn't it?" I murmured sympathetically. I had recognized the symptoms now, and knew that, though alarming, they were not dangerous.

"So I get everything together, and then: 'Is there a clean barrow-coat, Mrs. Smithers?' 'Oh, yes, Nurse, in the middle drawer.' Why it always has to be in the middle drawer, I don't know, but it has, so I scrimmage round while the Smithers woman encourages me: 'It's at the other end, Nurse. No? It'll be right under the sheets. Oh, it is, I know, because I put it there the day before I came to bed in case—well, try the bottom drawer—maybe I did put them there after all—well, if that isn't the funniest! Oh, I remember, they'll be in the valise at the back of the clothes-closet. I put—it isn't? Oh, no, of course. Tom put it under the bed; he said it always stubbed his toe when he went to get down his coat and—it's not? Neither of them? Well, of all things! Annie, Annie! That child's never around when I want her! Annie, you go and tell your auntie to come and find the barrow-coat for

Nurse. What? Over at Mrs. Robinson's? Well, go and tell her mama wants her right away. She won't be but a minute, Nurse, but it's the funniest thing about that barrow-coat.'"

A dejected silence ensued. I had no difficulty in conjuring up the scene; I had been there too often myself, still, it didn't do to give in to a mere barrow-coat.

"Suppose," I ventured, after a decent interval, "suppose we take in a picture show to-night?"

"With my corn!"

"Well, er—"

"I wouldn't put on my boots again to-night for Queen Mary."

"Queen Mary is hardly likely——"

"But that's the way it goes. Work your head off all day and half the night, slop around the blessed district in all weathers, and then have to change and go out if you want any pleasure."

"We'd the Bingers in for cards last week."

"We had to change just the same, didn't we? and if you think I call it fun to spend half the time trying to guess whether I'd better trump or follow suit, and the other half apologizing to my partner for whichever I did do, you are greatly mistaken."

"Well, if you've anything to suggest," I said feebly, "I'm sure I don't know what to do about it. What's your idea?"

"Music," said Sadie tersely.

"Oh—ah—yes, of course. A canary——"

"Canary!" Sadie's tone would have killed a healthy ostrich. "Don't you know that canaries have to be fed! Have you forgotten that Europe's starving?"

"Yes, to be sure," I murmured contritely, "only——"

"The Smithers have a Victrola," Sadie continued. "The sister put on the 'Angel's Serenade' while she took a turn at hunting the barrow-coat. I guess she thought I needed some serenading by that time, and an angel was the only person who could do it safely."

"You can't get them without paying a lot," I pointed out cautiously.

"Is there anything you can get nowadays without paying a lot, unless it's a change in the weather? We might go down and look at some, any way."

I thought of mentioning the corn, but forebore, and half an hour later Sadie led the way into a music store on Government Street and sweetly asked a young lady clerk if we might have a few selections.

"Certainly," she said, and waltzed us into a two-by-one cubby hole containing two chairs and a beautiful Edison gramaphone. "Is there anything in particular you would like?"

"'The Swiss Echo Song,' sung by Tetrazzini; 'La Paloma,' by Gorgorza; Tosti's 'Goodbye,' by Melba; 'The Sea Gull's Cry,' from—

oh, it's a Polish opera—I never could remember or pronounce the name; and 'My Love Lies Dreaming,' by McCormack," said Sadie without any perceptible pause for breath. The young lady looked slightly staggered.

"I don't think we have all of those," she said doubtfully, "perhaps you would like one of our catalogues to select from."

"I would," said my companion calmly, and for three-quarters of an hour kept that clerk on the trot bringing one piece of lovely music after another.

"We usually let our customers take a few records away to try out at their leisure on their own instrument," she suggested rather ponderingly as we entered upon the fourth quarter.

"We haven't got an instrument," Sadie answered abruptly. "Have you 'Whispering Hope'?"

"I'm afraid not," said the young lady, a little tartly. "You are thinking of buying an Edison?"

"I'm going to try them all out first, and then perhaps; have you the Rosary,' by Schumann-Heink?"

"We don't want to hear anything by a German," I said hastily and rose, giving Sadie a surreptitious poke with my umbrella as I did so, "and it must be getting quite late, I'm sure we've enjoyed it very much."

Sadie came out of the catalogue and woke up to the situation. "Yes, indeed," she agreed with an enthusiasm strangely lacking in the lady clerk, and the next moment found us in a wet, cold street.

"There it is," said Sadie bitterly, "grudged us a little music, though they're always clamouring for you to go and listen—no trouble to put on records. We'll go on over to that Victrola place and——"

"Not we," I said gently but firmly, "my system is saturated with music for one night. On Monday if you like, but not now."

So we went home and to bed, and by Monday I thought the effect of the Smithers' music had passed safely off; Sadie said no more about instruments or records, but the lull was only temporary. On her half-day she disappeared directly after dinner, and just before six in the evening she ran upstairs in a state of subdued excitement, followed by a gentleman in overalls who bore a large, mysterious package in his capable arms.

"Put it there," said my comrade, sweeping a pile of magazines and a half-grown sock off our little side table, "and the records can go on the lounge—they will be safe there."

"Unless they get sat on," I suggested, much interested, as the man clattered off downstairs, and Sadie, tearing the brown paper from the substantial object on the side table, revealed a small, brand-new Victrola.

"They'd better not get sat on," she warned hurriedly—"there's forty dollars' worth of records there, and not one of them paid for."

"How did you do it?" I enquired, eyeing her with new interest, "chloroform them, or what?"

"Appro," said Sadie briefly, "there's only eleven and——"

"Only eleven and not one p——"

"But they're top-notchers, I can tell you that; I think the man who picked them out from my list must have admired my taste."

"Unless he was too much occupied in admiring your nerve," I suggested enviously. "I wish I could do things like that: eleven, and not one paid f——"

"You see," said Sadie, while she skimmed out of her coat and hat, "I've always had a theory that you could get music out of a cheap Victrola if you got good records; now the Victrola only cost forty dollars, but the records—well, there isn't one of them less than two and most of them are three fifty and five. The one with Caruso in——"

"Let me sit down and take it in gradually," I implied, hastily removing myself from the neighborhood of the lounge. "Was it their day for giving records away?"

"You've no time to sit down with the Jenkinsons coming at half-past seven," was Sadie's retort from the folds of her blue cotton crepe house frock, which had caught in her hair instead of sliding smoothly into place. "I phoned them to come on up and hear some music, and they are bringing their cousin—the boy on crutches, who's just home from the front. Is there anything to make sandwiches of?"

A hasty investigation revealed anchovy paste and a head of lettuce; there was a new chocolate layer cake in stock; Annie was despatched to the dairy across the street for a half-pint of cream, and an hour's strenuous effort resulted in two plates of neat and appetizing sandwiches covered with a damp serviette, the big tray set out with our best china, the paper wrappings removed—by Sadie—and very gingerly, from the precious records, and our two selves, a little flushed and out of breath, but arrayed in our leisure clothes, awaiting the ringing of the door bell.

It rang in due season and our guests arrived, a bright young married couple, with whom music was an absorbing interest; a plump and jolly sister of Mr. Jenkinson's, and a red-headed boy of twenty, the soldier cousin, who had brought with him his chief treasure in life—a scraggy pup, who answered joyously and boisterously to the name of "Vimy Ridge," a singularly appropriate name, since he was full of vim and all ridge.

I had bravely foreborne to steal a single look at the records, and it was with as much eager curiosity as our guests that I watched Sadie with the air of a high priestess of some lofty mystery, put on one of them and start the needle. Instantly the room was filled with the bell-like notes of Geraldine Farrar in the impassioned music of Verdi's "Il Trovatore"; and while we held our breath the deep tones of Geovonni Martinelli struck in, and died down, only to be succeeded by the magnificent chorus of the monks, with the great bell tolling, in majestic cadence athwart the lesser notes. It was very beautiful and it would

have been utterly perfect but for the excited yelps of "Vimy Ridge." In vain his master tried to smother his criticism under a sofa cushion, in vain he threatened and cajoled and even softly swore; it wasn't till Mr. Jenkinson, very flushed and wrathful, snatched him and thrust him out in the corridor that comparative peace settled on the room.

"Beautiful," was the sole verdict of the Jenkinson's, but Mr. Arthur Brown, the soldier cousin, was more outspoken.

"That's great," he said with enthusiasm; "I couldn't get the words, though, with Vimy cutting up."

"It was in Italian," I explained; "they were all Italian except the lady."

"Gee!" said Mr. Brown, in honest wonderment, "and I thought that dagoes were only good for breaking rock."

"This is Schumann-Heink in the 'Rosary,'" said Sadie, and set the needle whirring. I think I could have listened to it all night; even the subdued wails of "Vimy Ridge" beyond the closed door could not distract one from that haunting mournful thing.

But Tetrazzini in the "Echo Song" came next, and those high, piercing notes were too much for the pup. He shrieked, he howled, he raised a regular pandemonium until, unable to stand it, Sadie shut off the music while Mr. Jenkinson escorted "Vimy Ridge" to the back porch and left him there while we finished the song, his distant yells coming faintly enough through two doors and the length of the passage.

"Some voice," was the comment from Private Brown; "that dame would fetch the police alright—leave it to her. Say, I'll have to beat that purp if he isn't careful."

The next selection was in English for a change, the "Snowy Breasted Pearl," by McCormack. I had seated myself in the immediate vicinity of Private Brown, for I felt that I could not afford to miss any of his musical criticism. McCormack's efforts came under his ban.

"There's no sense to it," he explained indignantly. "Here you get all fussed for flowers and rice and a trip to 'Frisco, and they go and kill off the poor kid and leave the chap to stick it as best he can!"

A violent knocking at the front door interrupted him there. It proved to be an irate stranger who wanted to know was his sick wife to be kept awake and driven crazy with the howls of that dog, or would we take it inside. Some people had no consideration for their neighbors! Much embarrassed, Sadie, who had gone to the door, promised that the dog should be immediately brought inside, and apologized for the disturbance. "Vimy" was brought in forthwith, wriggling with delight at the reunion, and was regarded gloomily by all but his master, who enquired if we had a mat of any kind by the kitchen stove.

"Let him lie down on a mat and he'll be asleep in two winks," said Mr. Brown, confidently; "he always goes to bed by the kitchen stove."

We had small faith in the prescription, but there was nothing else

to do, and I marshalled "Vimy" into the kitchen with honeyed words on my lips and murder in my heart. He gambolled all over my feet and got himself trodden on twice before he consented to curl up beside the coal bucket on a square of an old rug snatched from the back door for the occasion; but it was soon evident that we had got the right idea at last; there was not another yelp from "Vimy," and the Victrola had it all its own way with "The Pipes of Pan," "Ave Maria," "La Paloma," and then the other selections over again, one gem after another, till Mrs. Jenkinson broke the spell by glancing at her wrist watch and remembering that the cars stopped at midnight. Sadie made a rush for the kitchen.

"We'll have to forgive that pup after all," she remarked as she switched on the light, "though there was one time when I could have killed the wretch."

"It's a pity you didn't," I said thoughtfully; "just look!"

Sadie looked. Of our two beautiful plates of sandwiches there remained a few squashed and tattered fragments scattered about the kitchen table, and from his corner by the stove "Vimy Ridge," a very drowsy, lethargic "Vimy Ridge," licked his still crumby chops and wagged his stumpy tail appreciatively. Sadie turned pale.

"Now what shall we do?" she demanded tragically.

"Bread and butter," I hazarded.

"I used all the butter there was in the house."

"Well, there's the cake; we forgot to leave that out for him."

"You can't start on cake."

"You can when you are grown up because you don't want to then, but there is the dozen scrappy ones we put away in the cupboard for fear of spoiling the looks of the rest."

"A dozen—among six people!"

"Oh, well, we'll hang out the F. H. B. sign and that'll leave three apiece for the guests."

"But a dozen looks so mean," Sadie gloomed, "when you've invited people and all, and we can't explain—it would make them feel awful."

"Never mind, they'll size it up for themselves, when they catch sight of the bulge on 'Vimy's' ribs, and they can't be starved after that soul-filling music."

"It wasn't their souls I was thinking of," said Sadie tartly. "Well, we may as well take in what we have or they'll go home without anything."

Whether our guests connected up the scarcity of sandwiches with "Vimy's" sated appearance and blase manner, I cannot say. They appeared to enjoy what they did get to eat, and left at last in a rustle to catch the last car home. The phone, which had been considerately silent during the entire evening, rang furiously as Sadie locked the front door.

"Mrs. Robinson," I said disconsolately, "and will the nurse come at once, please, because she's sure she won't be long; she will come off about to-morrow morning, I guess."

"I can just see the red sunset through the trees in that 'Pipes of Pan,'" said Sadie, beginning to gather up the cups and saucers.

"I can see myself curled up luxuriously in the depths of a kitchen chair for the rest of the night," I retorted crossly, "and as for not being able to find the barrow-coats—I'll have to invent them, in that house."

"What if you have? Are we pampered private nurses? Do you expect to have everything handed to you on a silver tray?" demanded Sadie, balancing the empty sandwich plate on top of the coffee pot. "Don't you know that our chief usefulness is making the best of just things like that? Don't you think it is a privilege to——"

"Yes—yes," I agreed hastily, "quite so! Have you got a pair of obstetrical stockings handy?"

"In my middle drawer, I think—but listen to 'La Paloma' before you go."

"Thanks, but I'd better get on and listen to La Robinson."

And I went my way, leaving the rapt Sadie flooding the room with the "Spanish Melody."

A FEW PRACTICAL SUGGESTIONS

1. With the patient on the third floor, an electric iron can be used very well during the night to prepare the night nourishment. Invert the iron and place it across the top of a small pail for support, and you have a very handy fireless-cooker.

2. Mix one tablespoon of lavender water with several times the amount of pure olive oil. Apply a little at a time, and rub it into the body well with the entire hand, using a rotary motion, keeping the patient warmly covered during the treatment. Is excellent for the emaciated.

3. In an obstetric case, on the first day of lactation, instead of binding the heavy, painful breasts with a bandage, adjust a brassiere upon the patient, lacing it at the back. While the garment is open for nursing, it still supports the breasts very comfortably.

4. After corks have been used a while, they sometimes become so compressed that the contents of the bottle leak out. By putting them in boiling water, and leaving until the water cools, they will fit as good as when new.

5. Vinegar is an excellent substitute for alcohol when a sponge is necessary to reduce fever.

When giving alcohol rubs, put the alcohol in a toilet-water bottle with a sprinkler top. While sprinkling on the alcohol with one hand, rub the patient with the other—which will save both time and alcohol.

Canadian Association of Nurse Education

SUMMARY OF CONVENTION PROCEEDINGS

VANCOUVER, 1919

The opening meeting of the Twelfth Convention of the Canadian Association of Nurse Education was held in the Hotel Vancouver, Vancouver, B. C., on the morning of Monday, June 30th, 1919, with Miss Flaws, the President, in the chair.

The meeting was opened in prayer.

On motion of Miss Gunn, seconded by Miss Mathieson, the minutes of the last convention were considered as read.

The President then addressed the meeting, emphasizing the advantages of Chapters and encouraging their formation.

The consideration of the meeting was also directed to the necessity of maintaining higher standards in our training schools for nurses, and to the great necessity for provision of more adequate training for students who may wish to prepare for teaching and executive positions.

The report of the Secretary was then read, and on motion of Miss Gray, seconded by Miss Mathieson, this report was placed on the table for discussion at a later date.

The Treasurer's report was read by Miss Randal, in the absence of Miss Hersey, and showed a balance of $254.59.

Report of the Nominating Committee was read by the Secretary, in the absence of Miss Rowan, and accepted.

Report of the Programme Committee was, in Miss Martin's absence, presented by the President.

The Report of the Arrangements Committee was outlined by Miss Randal, and accepted with enthusiasm.

Report of the Winnipeg Chapter was presented by Miss Gray, and that of Toronto by Miss Potts.

Report of Delegate to the Annual Meeting of the National Council of Women was, in the absence of Miss Stewart, Regina, read by Miss Winslow of Medicine Hat.

The report of the Joint Convention of the Canadian Association of Nurse Education and the National Association of Trained Nurses on "The V. A. D. as a prospective pupil," was presented by Miss Potts, and discussed at length and was subsequently placed in the hands of the Resolutions Committee.

The President announced the personnel of the Resolutions Committee to be:—

Miss Stanley, London (convener).
Miss McMillan, Edmonton.
Miss Tedford, Montreal.
Miss Wilson, Moose Jaw.
Miss MacKenzie, Victoria.

On motion of Miss Randal, seconded by Miss Ellis, Miss Winslow was appointed Convener of a Resolutions Committee to act jointly with the C. N. A. T. N.

A resolution from the Graduate Nurses Association of Nova Scotia relative to short courses for Nurses, was presented, and, on motion of Miss Gunn, was placed on the table for consideration with the subject of the Trained Attendant.

On motion of Miss Mathieson, the meeting adjourned till 2.30 p.m.

Following a delightful luncheon given by the Vancouver Graduate Nurses Association, the afternoon session opened with the reading of the minutes of the previous session.

The report of the Special Committee on Affiliation of General Hospitals with Neighboring Sanatoria, was presented by the Convener, Miss Dickson, and was spoken to by Dr. Vrooman of the Rotary Chest Diseases Clinic, Dr. MacEachern, Miss Randal, Miss Gunn, Miss Dyke, Miss Stanley, and others.

This report showed that in Canada there were 36 Sanatoria located as follows:—British Columbia, 1; Alberta, 1; Saskatchewan, 1; Manitoba, 2; Ontario, 19; Quebec, 6; New Brunswick, 2; Nova Scotia, 2; Prince Edward Island, 1. All these institutions have been communicated with, and have signified their heartiest co-operation in arranging an intensive course of study and practice in the care of the tuberculous. Affiliations to be arranged between the General Hospital Training Schools and their local Sanatorium.

On motion of Miss Gunn, seconded by Miss Randal, the working out of further details from the standpoint of the General Hospitals was left in the hands of the present Convener.

Miss Martin's able paper on "Affiliations for Small Hospitals" was read by Miss Gillroy, Winnipeg.

The Trained Attendant question was ably dealt with by Miss Gray, Winnipeg, the discussion being led by Miss Gunn, Toronto. On motion of Miss Mathieson, seconded by Miss Turnbull, a committee of five was appointed with instructions to consider ways and means of providing training for attendants.

On motion of Miss McKenzie, seconded by Miss McMillan, the following were appointed to act on the committee:—Misses Insole, Mathieson, Campbell, Gray, and Gunn.

The meeting then adjourned till 9.30 a.m. July 1st.

JULY 1ST, 1919

The morning session was held in St. Paul's Hospital, and opened with the reading of the minutes of the previous meeting, which were approved.

On motion of Miss Gunn, seconded by Miss Gray, Miss Dyke and Miss Buck were appointed Scrutineers for the elections.

The meeting then went into committee of the whole for round-table discussion of the proposed Minimum Standard Curriculum. Miss Mathieson presided. On presentation of the curriculum a most animated discussion ensued. It appeared to be the feeling of the meeting that while the minimum standard set was quite a just one, considered from the standpoint of theory and practice, that the requirements as to teaching staff were too high to be met by the small hospitals of some of the provinces.

The question of "How can we best prepare pupils for executive positions?" was then taken up, and resulted in a resolution, moved by Miss Gunn, seconded by Miss Randal, that a recommendation be sent from the Round Table to the general meeting that a committee be formed to consider ways and means of giving executive training to pupils in their third year.

The elections then took place, resulting as follows:—

First Vice-President—Miss Johns.

Second Vice-President—Miss Winslow.

Third Vice-President—Miss Goodhue.

Treasurer—Miss Hersey.

Councillors—Misses Gray, Stanley, Randal, Ratallick, Ross, Potts, Pembuton, Ellis, Hannington.

The President and Secretary are, according to the Constitution, officers for the second-year term.

The meeting then adjourned till 2 p.m.

The afternoon session opened with the reading of the minutes of previous meeting.

The Secretary's report was then discussed. In view of the evidence of a grave shortage of suitable applicants to many training schools in each province, and to the lack of sufficient number of girls in Canada taking a high school training, it was decided that a committee be appointed to approach the Entrance Classes of the Public Schools of Canada, in order to interest them in nursing, and to point out the necessity of having matriculation standing.

The Resolutions Committee then brought in the following:—

RE V.A.D.

"That the C. A. N. E. recognize the service of the V. A. D. serving in hospitals in Canada or overseas; and that they wish to attract to our training schools V. A. D.'s desirous of taking a nurse's training. The Association also approves of the principle of allow-

ing a certain amount of time where service given has been a nursing service. The time allowed not in any case to exceed six months, and each case being considered on its own merits. The length of time allowed being decided by each individual superintendent when the candidate has shown her work at the end of first year or second year training."

Miss Purdy read Miss Russel's most interesting paper on "Student Government."

Miss Insole read Miss Fairley's paper on "Clubs and Other Organizations for Undergraduates," which was very much appreciated.

Since sufficient time for discussion could not be taken at this session, it was decided that the meeting should adjourn till 8 p.m.

The evening session opened at 8 p.m. with the reading of the minutes of the previous meeting.

The President then appointed Miss McKenzie convener of the Nomination Committee for the next elections. The meeting appointed Misses McMillan, Purvis, Buck and Pickles to act with Miss McKenzie on this important committee.

The possibility of establishing, for returned Nursing Sisters, a special course which might assist them in returning to civil life, was then discussed, with the result that a recommendation favoring such a course was sent on to the Joint Committee with the National Association of Trained Nurses.

The President then turned the meeting over to Miss Winslow, Chairman of the Round Table on Hospital Training School Problems, and a most profitable hour was spent.

The meeting then adjourned to meet after the presentation of joint report on "Eight Hour Day for Nurses," which was made at a meeting of the C. N. A. T. N.

The members were then called together on Saturday morning and a resolution favoring the reduction of hours of work for pupil nurses was passed and forwarded to the National Association Trained Nurses.

The meeting then adjourned to meet at such time and place as might be decided upon by the Canadian National Association of Trained Nurses.

By slitting the nightgown up the middle of the back to the yoke-line, it can be changed by just slightly raising the head and shoulders. Other advantages of this method: It makes one less article to become soiled in case of accident, and reduces the danger of bed-sores from wrinkles, as the gown is not under the body, the edges only being tucked under at each side of the patient, who rests directly upon the tightly-drawn drawsheet.

The Canadian Matron-in-Chief on Work in France

At the general meeting of the Association of Hospital Matrons, held at 11 Chandos Street, on the 28th ultimo, Miss M. Macdonald, R.R.C., gave a sketch of her impressions of the war in France. She opened her address by congratulating those present on the formation of the Association and its admirable object. She considered the Association had only one fault—that it was not given earlier birth. She also expressed her thanks to those who had so courteously asked her at the first general meeting to give her impressions of visits to the overseas hospitals during the war.

She had accepted the invitation without hesitation, but upon reflection she realized that her impressions were as kaleidoscopic as the life army nurses had been leading since 1914. Events succeeded each other so rapidly that nothing seemed permanent but change. The mind travelled by express, as it were, and one seemed to be part and parcel of a cinema show in which by turn one became actor, operator or onlooker.

"A visit to France," said Miss Macdonald, "properly began at Folkestone. Immediately upon embarking, rations, in the form of life-preservers, were issued to all. On the first occasion I confess to a feeling of disquiet. For this, however, I soon found an anodyne in the calm, confident, and cheerful demeanour of the Allied Sisters who happened to be fellow-voyagers. Disembarking, we were met by a sister of the Q.A.I.M.N.S. Reserve, whose sole duty was the sorting of incoming and outgoing nurses and arranging further transportation to hotel, hostel, hospital, or train, as the case might be. This particular sister is, I believe, still carrying on. Possibly to insure against a too lengthy stay, the visitor overseas always continued her journey beyond Boulogne by car; delays and tedious railway journeys were thus avoided. I believe I can safely say that I have seen every phase of army nursing from the Rhine to the Jura—regimental aid posts, advanced and main dressing stations of the field ambulances, casualty clearing stations, barge, stationary and general hospitals, ambulance trains, and hospital ships. One never ceased to marvel at the completeness of the organization and administration of these, separately and collectively.

"From the time a man became a casualty until he was marked 'Fit for duty,' nothing that science had invented, nothing that human skill could devise for the alleviation of suffering, was lacking. Never more happily or more whole-heartedly was so much care and thought expended on the physical and mental well-being of soldier patients. The war poet of our day cannot bemoan a 'lack of woman's nursing, nor a dearth of woman's tears.' The importance attached to the mental outlook of the patient was not only striking, but instructive. Amusements, entertainments, recreations, and sports of every conceivable sort were

the order of the day. These were necessarily of degree according to the seriousness of the illness, but I never saw a state of mind or body, early morning, high noon, or late at night, when the grind of the gramophone was not a welcome diversion.

"One of the most touching features of hospital life was Tommy's inexhaustible patience and his cheerful endurance of pain. In some mysterious way, surely common to Tommy alone, his suffering seemed screened by a camouflage of humour. His resignation and a shy, half-apologetic devotion to a less fortunate, though often comparatively unknown pal, was a lesson in Christian charity and served as an inspiration to all about him.

"On convalescence, Tommy's first care was, in one way or another, 'to help Sister' with the ward duties. The relationship existing between sisters and patients is best described in an extract from a letter from one of these, quoted to me by the Censor: 'I am in hospital; likely I'll lose an arm. The nurses are called sisters; they are all so good and kind; more like a fellow's own sisters.' Could any tribute be more flattering?

"Professional qualifications alone would not have inspired such a high and enviable regard; and this brings me to a subject of which I never weary—the army sisters.

"Their work in the Great War eclipses anything the nursing world has ever seen. Much more time than there is at your disposal or mine would be required to do them full justice on this score alone. I merely want to further impress upon you, as it has been impressed upon me, that these noble women, by their work, carried on without aggression, without parade, and without self-consciousness, have attained for the profession at large a recognition that years of peace might not have brought. Having now laid down their arms, so to speak, it is to you matrons they turn their eyes for the support necessary to maintain their place in the sun. That it has been acquired at the cost of much suffering and sacrifice of life renders the trust all the more precious.

"The number of nurses employed in the combined theatres of war totalled a colossal figure. It seems almost incredible that such vast organizations, composed entirely of women, governed by women, should, during a crisis extending over four and a half years, present an unbroken line; this at a time when not only governments, but high individual reputations, became wrecked and one's confidence almost changed to despair.

"In the Nursing Service not a weak spot nor even the semblance of a breakdown was to be found, and, what is dearer than all, the breath of scandal never blew across its name. Can the history of this war record a fairer page?

"With the signing of peace nurses are now retiring to the unobtrusive and secluded posts they formerly occupied; but with no lack of confidence the torch is passed from their hands to yours.

"In conclusion, and whilst extending best wishes for the achievement of your objective, I venture to express the hope that the circumstance of my presence here to-day may prove significant of a closer future relationship between the Canadian nursing world and that of the Motherland."

—*The Nursing Mirror.*

BABY FEEDING

All babies should be breast-fed from the day of their birth until they are nine months old, when weaning should be begun gradually. Never wean a baby in July, August or September, in case he gets diarrhoea. Many babies die and suffer through this terrible disease, which can be avoided if baby is breast-fed and well cared for. When baby is weaned, his chief article of diet for some time will be fresh cow's milk. Be careful to get your milk from a clean dairy. Be sure your milk jug is perfectly clean, cover the milk at once, and store it in the cleanest, coolest place in the house (in the summer time cool the milk by standing in cold water) to prevent flies and dirt getting into it. Every house should be kept clean to keep it free from flies, which are disease carriers, and one of the causes of that terrible disease which kills so many babies, viz., summer diarrhoea. The dummy, or "comfort," should never be given to a baby. This is one of the causes of mouth breathing. Baby goes to sleep with the dummy in its mouth, it drops out, and the mouth is left open. The dummy often falls on the floor, and is picked up and put in the baby's mouth without being properly cleansed, thus carrying dirt and germs into the baby's system.

Canada wants healthy, vigorous men and women, so that the nation may hold its own in the league of nations. We must be a nation of stalwarts of A1 class.

It is the first duty of citizenship for every man and woman to do their utmost to improve the race and to endeavour to maintain the highest standards.

We often despair of educating the public and governments in questions of Health. The former spend plenty of money in undermining their constitutions—but will spend little more than they have to in building them up until they get ill, when they will often swallow nostrums which the unscrupulous advertise.—*Conservation of Life.*

An excellent remedy for bee-stings is to bathe the part with vinegar as soon as possible, which soon stops the pain and reduces the swelling. If done immediately, it will scarcely swell at all. It is an old, true and tried remedy in our family.

What Has England Done?

(By VILDA SAUVAGE OWENS, in the *Times*, New York)

Strange, that in this great hour, when Righteousness
Has won her war upon Hypocrisy,
That some there be who, lost in littleness,
And mindful of an ancient grudge, can ask:
"Now what has England done to win this war?"
We think we see her smile that English smile,
And shrug a lazy shoulder and—just smile.
It were so little worth her while to pause
In her stupendous task to make reply.

What has she done! When with her great, gray ships,
Lithe, lean destroyers, grim, invincible,
She swept the prowling Prussian from the seas;
And, heedless of the slinking submarine,
The hidden mine, the Hun-made treacheries,
Her transports plied the waters ceaselessly!
You ask what has she done? Have you forgot
That 'neath the burning suns of Palestine
She fought and bled, nor wearied of the fight
Till from that land where walked the Nazarine
She drove the foul and pestilential Turk?

Ah, what has England done? No need to ask!
Upon the fields of Flanders and of France
A million crosses mark a million graves;
Upon each cross a well-loved English name.
And ah, her women! On that peaceful isle,
Where in the hawthorn hedges thrushes sang,
And meadow-larks made gay the scented air,
Now blackened chimneys rear their grimy heads,
Smoke-belching, and the frightened birds have fled
Before the thunder of the whirring wheels.
Behind unlovely walls, amid the din,
Seven times a million noble women toil—
With tender, unaccustomed fingers toil,
Nor dream that they have played a hero's part.

Great-hearted England, we have fought the fight
Together, and our mingled blood has flowed.
Full well we know that underneath that mask
Of cool indifference there beats a heart,

Grim as your own gaunt ships when duty calls,
Yet warm and gentle as your summer skies;
A nation's heart that beats throughout a land
Where kings may be beloved, and Monarchy
Can teach Republics how they may be free.

Ah! What has England done? When came the call
She counted not the cost, but gave her all!

VEGETABLE OILS AS ILLUMINANTS AND AS POWER AGENTS

Oil is assuming an important place in the world, especially that produced from the vegetable kingdom. Time was when such oil was the sole illuminating agent; and, in view of the exhaustion of the world's supply of coal, these plant-produced oils, as heating and motor agents, must again come into prominence. They will in the course of time supplant oil springs, petroleum and its products, for they also must give out. The rape oil, once so much used, will again become of high value, and in many districts attempts are being made to develop the vegetable-oil products. Oil produced from Sesamum indicum, under the name of sim-sim or sem-sem, is a large industry on the east coast of Africa and the interior lake districts. Uganda and the coastal plains of British East Africa are the chief producers of the plant, from the seeds of which the oil is produced. This oil is often used as a substitute for olive oil, and even for oil of almonds. It is used extensively for cooking purposes in India and by the Arabs. The Brazilian "Bicahyba" nut is being thus also utilized, but the production is on too limited a scale at present to yield anything but a limited quantity. Cocoanut oil, olive oil, etc., maintain their place in the world's market, but in course of time these values will grow.

It seems unnecessary to recall what the soya-bean cultivation and soya-bean oil mean to commerce, dietetically, agriculturally, and in the arts. It is the foundation of almost all the sauces, relishes, etc., used on the dining tables throughout the world. The refuse derived from the preparation of the bean is one of the most sought-after of manures, and the oil has its uses in many branches of the arts.

Another vegetable oil—the Chinese wood oil tree (Aleurites fordii)—has a value all its own. Amongst other phases of usefulness, this oil has a drying property which has revolutionized the varnish industry in America; and, as the oil becomes better known, will dominate the world's markets in this branch of industry. Amongst other properties, the seeds of the fruit have a purgative action resembling castor beans, with which plants the Aleurites fordii is closely allied.

From A Day Nursery

By Miss Elizabeth Dingwell

Creches, or day nurseries, like hospitals, we will always have with us; for, as long as we are without widows' pensions and adequate support for the illegitimate child, the work which these creches perform will continue to be a necessity.

There are five creches in this city. The one with which I am connected is directed by our board of management, which meets bi-monthly. At these meetings the problems of management and support are discussed and the superintendents' reports received and considered.

So far as financial support is concerned, the creches are maintained by public subscription, plus a small grant from the city. They have as well a certain small income from the service they render. The mothers pay fifteen cents per day for the care of one child, and five cents for each additional child (three for a quarter). Children are received at as young an age as two months, in cases where arrangements cannot be made for the mother to nurse the child, and from this age up to ten years.

Not only does the service of the creche include the care of children of working mothers, but we aid in securing work for mothers, sending them to people who apply to us for help.

The value to working mothers of having a place in which their children can be left and properly fed and cared for throughout the day will be apparent.

The children are served with porridge and milk at 8 a.m., with dinner at noon, and another meal at 4 in the afternoon. They have their playrooms with toys, and with accommodation for a noon-day sleep.

In addition, school children of families admitted to the day nursery have the privilege of coming to the creche for their meals at noon and after school.

If a mother is quarantined at home with a communicable disease, the city allows her $1.25 per working day as long as she is quarantined. One of the city nurses visits the creche every morning and gives any necessary treatments, such as may be required for discharging ears and similar minor troubles. The nurse likewise visits the home where illness is, and does much to help on the work in those families which come under the general supervision of the creche.

Home investigations are likewise made by the city nurse even before a family is admitted to the service of the day nursery.

One of the churches near the creche with which I am connected, and which has an enthusiastic and lovable deaconess, has a class for

mothers on Sunday, where they can go and take their children. This has proved to be a very useful service.

Trained nurses who are at all interested in social welfare work (and we all should be) would do well to take up for a time a superintendent's position in a creche or day nursery. The training is excellent, as it gives one great experience in the care of children as well as a knowledge of the mothers, and the opportunity to render a fine piece of service in the community is beyond question.

The trained nurse, with her knowledge, is able to detect incipient cases of disease and check their spread. She will add greatly, through her care and sympathy, to the comfort and happiness of the unfortunate people with whom she comes in contact. Remember that these working mothers have little to brighten their lives. They have no easy lot, as they have to arrive at the nursery with their little ones between seven and eight in the morning, and return for them between five and six, after a hard day's work. Most of these are charwomen, who work hard for what little wages they receive.

I earnestly urge nurses to consider seriously the taking up of this work for a period. The superintendent's salary usually is about $50.00, with her apartment and board supplied. After two years' experience in this work I can testify to the satisfaction it gives, from the standpoint of service rendered and the value of the training from a professional point of view.

Miss Imogene Sampson of Lynchburg, Va., has accepted a position in the Department of Physio-Therapy at the Pennsylvania Orthopaedic Hospital and School of Mechano-Therapy, Philadelphia, Pa.

"Placing Canada on the map of trade," is the happy way in which Mr. W. B. Ramsay, Montreal, who represented a group industry in London, and who has brought back heavy orders to Canada, describes the work of the Canadian Mission in London.

"It has probably been a surprise to many to recognize that the signing of the armistice did not mean the normal resumption of trade in various European countries, and that, instead, a period of economic transition should set in which would present its own complex problems" —an apt American statement quoted by the Canadian Trade Commission.

It is sometimes a problem to provide a sanitary method of caring for patients who are using sputum-cups. A very good substitute for the real cups may be made from newspapers. Take a double sheet, fold together, then in half, then through the centre, then twice more. This makes a folded pad, four or five inches in size, with several compartments, which may be used and then closed; and, when used up, is easily destroyed by burning.

Editorial

The following notice had been sent to the Editor with a request from the Secretary of the C. N. A. T. N. to have it inserted in as prominent a place as possible that due attention may be paid to it. It is one of the most discouraging features of Association work, that there seems to be almost a complete lack of any responsibility on the part of affiliated organizations to furnish such information as is required by the officials of the larger bodies. These delinquent organizations are very often the first to complain if they do not get forms and information when they want it from the Secretary. To do as one would be done by is as good a rule for societies as for individuals, and it is hoped that Miss Johns will get the full information as soon as possible:

"The secretary, Miss E. Johns, Children's Hospital, Winnipeg, earnestly requests that all affiliated organizations will send full lists of the names and addresses of their officers as promptly as possible to her. She is forwarding blanks for this purpose to every organization, and the prompt return of these will greatly facilitate her work and will make it possible for her to keep all of them in close touch with the progress of the many interesting and important activities to which the Canadian National Association has pledged itself for the coming year. Remember that the secretary cannot reach your organization unless she has the names and addresses of your officers. Last year there were several organizations which neglected to reply even when circularized repeatedly. Yet these would probably be the first to complain if any action were taken of which they did not approve. In cases where the blanks are received by persons that have ceased to hold office, it is requested that these be forwarded to their successors or returned to the secretary with the name and address of the person to whom they should be sent. It would also serve to create interest if communications sent from time to time by the secretary could be brought promptly to the attention of the organizations and discussed at their meetings."

* * * *

RESOLUTIONS

Passed at the Annual Meeting of the Canadian National Association of Trained Nurses, Vancouver, B.C., July 2nd to 5th, 1919

RESOLVED: WHEREAS the representation in the Canadian National Association of Trained Nurses is not individual;

Be it resolved that—The ticket of nomination having been submit-

ted to the organizations holding membership, it be not opened for further nominations at time of election. Carried.

RESOLVED: That the Canadian National Association of Trained Nurses stands as approving the principle of training attendants provided the public is properly safeguarded. Carried.

RESOLVED: That this Association goes on record as disapproving of the eight-hour day for graduate nurses, but that it does approve of the limit of twelve consecutive hours of duty for special nurses in hospitals. Carried.

Letters to The Editor

Dear Editor:

I was surprised to read in Dr. Elmer's article on Surgical Technique in Orthopaedic Surgery in the July number of the "Canadian Nurse," that he says in speaking of sand bags, their cleansing after operation: "The nurse wipes the stains off with a damp cloth, before putting the sand pillow away on the shelf, but no attempt is made to sterilize it." I was questioning a graduate of a large Canadian training school. She confessed she could not remember having to cleanse sand pillows in any other way.

I graduated more than ten years ago from an English hospital, where I am sure our surgical technique at that time would not be nearly as elaborate as is usual nowadays.

We scrubbed our sand pillows with soap and water, particularly along seams, dried them, and then swabbed them copiously with carbolic solution 1-20. This latter procedure was "hard on" the jaconette covers, but they were renewed as soon as the rubber was showing signs of being destroyed.

I find our nursing journal more and more interesting, and, remarking this to my nursing friends, find they all agree with me. In saying this, I am sincere, not merely saying a polite little thing at the end of my letter.

Yours very truly,

MAUDE HASTINGS

Make the poultice in the usual manner and pour into a well-stitched bag, large enough to cover the desired surface. Sew up the opening securely and stitch on a wide bandage at one end. Place in position and cover with layers of muslin or oiled silk. Pass bandage around body to hold poultice in place, and pin securely.

Victorian Order of Nurses

The work of the Victorian Order of Nurses in the City of Toronto has increased to such a volume that it is decided to practically double the staff of nurses. The V. O. N. are at present housed at the headquarters building, 281 Sherbourne St., but, with the additional staff, the premises will have to be enlarged or new quarters found.

The Victorian Order, Toronto branch, has recently opened two new suburban districts, and the nurses have been provided with automobiles with which to make their calls, it having been found that this has been of considerable help to them in making more visits and covering greater distances. We are given to understand that Miss Hall, 281 Sherbourne St., is anxious to add several nursing assistants to her staff.

* * * *

A Post Graduate Course of four months in District and Public Health Nursing for graduate nurses is given at the training centres of the Order, namely: Ottawa, Montreal, Toronto and Vancouver.

Salaries during the course and good openings after successful termination.

For full information, apply to the Chief Superintendent, Room 4, Holbrook Chambers, 104 Sparks Street, Ottawa, Ont.

"EASY-TO-GRASP" TRADE FACTS

Our net debt in the Dominion before the war was three hundred and thirty-six million dollars. Now it is up beyond one billion five hundred million dollars, over four- and one-half times as much as in 1914.

Interest charges on the borrowings of the country before the war amounted to twelve million dollars annually; to-day they are seven times as heavy. There were practically no pensions to pay four years ago; to-day they total over fifteen million dollars a year.

These are only parts of what we have been called upon to advance for the security of living our own lives free alike from Prussianism and Bolshevism. The Dominion will pay these charges gladly; though, naturally, it cannot be done by reverting to what was "normal" prior to the war, the impelling cause of it all. "Normal" then, translated into terms of to-day, would be bankruptcy. These are the things the Canadian Trade Commission at Ottawa are earnestly trying to bring home to every man and woman, even the children, in the Dominion. They touch the very heart of our home and private well-being.

(Continued at foot of following page)

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.
First Vice-President—Miss Fairley, Alexandra Hospital, Montreal.
Second Vice-President—Miss Dunlop, 209 Stanley Street.
Secretary-Treasurer—Miss S. Wilson, 638-a Dorchester St., West.
Registrar—Mrs. Burch, 175 Mansfield Street.
Reading Room—The Club Room, 638a Dorchester Street West.

Miss Phillips, President of the C. N. A., has returned from a motor trip through the Adirondacks, New York State.

Nursing Sister Georgie Colley is spending the month of August at Old Orchard Beach.

Miss Helen Hill has returned from a trip to Kingston, Ont.

Nursing Sister V. E. Sampson and Nursing Sister Elizabeth Sullivan have returned from overseas duty.

Miss Amy DesBrisay is spending a few weeks at Charlottetown, P. E. Island, and Digby, Nova Scotia.

Miss Susie Wilson, Secretary-Treasurer of the C. N. A., has returned from a trip to St. John, N. B.

During the last twenty years we have advertised the glorious possibilities of Canada wherever men can read. We wanted immigrants. Yet it was exactly in the four-year war period that we were taught that our development does not need to wait entirely for immigrants. It is well known that the productive capacity of the average man and woman in the Dominion was almost doubled. We learned the strenuous "art of doing more." We created more wealth per head of the population by higher standards of efficiency. The speculator, the land "booster" and the gambler in all forms of wealth were eliminated.

We learned to be self-reliant in the Dominion. It was the greatest lesson, perhaps the greatest benefit, which the war brought us. This is the quality which we must still further cultivate: self-reliance in business, in agriculture, in all that which goes to make trade, and to hold it. It can be done permanently in peace time as it was done for victory. It will be compulsory, because no one else will pay our debts.

News from The Medical World

By Elizabeth Robinson Scovil

Treatment of Seasickness

An American army surgeon, acting on the theory that seasickness is caused by the motion of the ship affecting the semilunar canals, the organ of equilibrium in the internal ear, tried packing the external ear canals with cotton. The cotton was pressed closely against the ear drums, relief being immediate as soon as the gauze was packed tightly enough to cause decided pressure against the ear drums. This remedy was effectual in a large number of cases.

Salt Water as a Preventive

The South African Institute for Medical Research reports favorable results from the use of salt water in an epidemic of influenza in Cape Town. It was applied by frequent and regular douching of the nasal and naso pharyngeal cavities. When systematically carried out it diminished the likelihood of infection by the lodgement of the influenza virus, or at the least of modifying the dose of poison.

Infantile Scurvy

A French authority recommends that orange juice should be given regularly to all children fed on sterilized milk, as a preventive of scurvy.

Psycopathic Ward

It is stated that the Winnipeg General Hospital is opening a psycopathic ward, which is to be in charge of Dr. Alvin T. Mathers, supervisor of the psycopathic department at Johns Hopkins Hospital, Baltimore.

Sir William Osler

Sir William Osler has recently celebrated his seventieth birthday. He is the son of an Ontario clergyman and was born in 1849. He is an M. D. of McGill, graduating in 1872, and also studied in London clinics and in German laboratories. He was a lecturer and professor of the Institutes of Medicines at Montreal for ten years. For five years he was professor of medicine at the University of Pennsylvania and held the same office for the next five years at Johns Hopkins Hospital, Baltimore. Since 1904 he has been Regius Professor of Medicine at Oxford. The highest honors of the profession have been his and he possesses the esteem and affection of the English speaking medical world. One of his personal ideals is "to do the day's work well and not to bother about tomorrow."

Department of Health

Dr. John A. Amyot, professor of public health in the University of Toronto, has been mentioned as the new Deputy Minister of Health in the Federal Department of Health, now being organized.

Dr. Abraham Jacobi

Dr. Abraham Jacobi, for more than sixty years one of the famous figures in the American Medical Profession, died on July 10th. He was of German birth, but was concerned in the revolution of 1848 and escaped from Germany after having been imprisoned for two years for high treason. He was the first professor of children's diseases at the New York Medical College in 1860. During his long life he holds practically every honor the medical profession has to bestow. He was strongly opposed to prohibition and a warm advocate of birth control. He died in his 90th year, after one day's illness.

Play in Childhood

It is stated that the child of elementary school age should spend at least two or thre hours a day in play. The minimum time for play during the school day is thirty minutes. In one of the American training camps for soldiers it was found that 75 per cent. of the men did not know how to play, and two hours a day was spent in organized play as part of their training.

Is Our Community Fit?

A Public Health Report asks, "Are your schools provided with medical supervision to control the spread of communicable diseases among the children and to limit the sources of contagious diseases which often spread rapidly when carried to susceptible persons? Do your children have the advantage of regular physical examination by a physician? Is there a clinic for the treatment of all the physical defects found? The after-war development of your community will depend largely on the physical fitness of your present school population."

Take a piece of heavy material and fold several times, so that it is about three by six inches. Sew together and fasten a tape about six inches long at each end, tying the tapes to the door-knobs. This pad muffles the sound and also keeps the door in place when closed.

A good way to prepare cold compresses is to place a large piece of ice in a basin, pour a little alcohol or bay-rum over it, and lay the compress over it. It will become cold without being too wet; which will do away with the uncomfortable drip in the ears and down the back of the neck from a compress that is wet in water.

DEPARTMENT OF PUBLIC HEALTH NURSING

Summary of State Laws

REGARDING PUBLIC HEALTH NURSING IN UNITED STATES

State	State Law	Present Provision	Recent Legislative Bill Presented	Defeated
Alabama	None			
Arkansas				
Arizona	Pub. H. Nursing Bureau established, with appropriation		Passed last session	
California				
Colorado	None	Municipal and school nurse provided locally.		
Connecticut				
Delaware	None	State Tuberculosis Committee employs nurse for each county. Other departments responsible for eight to ten nurses in Child Welfare work.		
Florida	None			
Georgia				
Idaho	Counties authorized to employ school nurses.	Municipal school nurses provided locally	Passed last session	
Illinois	None	The 1919-1921 budget of Dept. of Public Health provides for five public health nurses and supervising nurse, with adequate salary		
Indiana				
Iowa	County health nurses provided for; law not yet in print			
Kansas	Bill passed authorizing municipal public health nurses. Tax may be levied for the Public Health Nurses' Association fund. Bill followed by passing of a resolution to create Bureau of Public Health Nursing, designating a supervising nurse		Passed last session	
Kentucky	Has a law, but not yet in print			
Louisiana	None			
Maine	None at present; legislation to be attempted in the near future	Anti-Tuberculosis Association and other non-official agencies employ nurses		
Maryland	None		Last Assembly	1918
Massachusetts	None			
Michigan				
Minnesota	Bill passed authorizing city and village councils, boards of county commissioners and town boards to appropriate funds for public health nurses, but without State supervision	Red Cross, Minnesota Public Health Association and State Board of Health recommend and place nurses	Passed Feb., 1919	
Mississippi				
Missouri	Unsatisfactory law; to be amended at some future legislature, but not attempted at the last session	Municipal and county councils required to appoint visiting nurse on petition of city or county tbc. assn. (1915)		

State	State Law	Present Provision	Recent Legislative Bill Presented	Defeated
Montana				
Nebraska	Village, city, county or township nurses provided for, with tax for salary and expenses. Law invests nurses with police power to carry out orders of city		Passed 1917	
Nevada	None			
New Hampshire	None; bill for State and county nurses introduced, but failed to pass	Red Cross and local district nursing organizations, anti-tuberculosis association and other agencies	Last session Jan., 1919	Last Session
New Jersey				
New York	Employment of nurses authorized by the Public Health Law, Education Law, County Law		Law amended 1917	
North Carolina	None			
North Dakota	Provides for school nurses		Feb. 14, 1919	
Ohio	Law becomes effective Jan. 1, 1920, providing for county and municipal public health nurses—completely reorganizing local health conditions in State		Passed last session	
Oklahoma	None	Good Tuberculosis Sanatoria Bill passed April, 1919		
Oregon	County visiting and tuberculosis nurses provided for			
Pennsylvania	None			
Rhode Island	None			
South Carolina	None	Bureau of Child Hygiene supports supervisor of public health nursing		
South Dakota	County nurses provided in emergencies or by special recommendation of a community, particularly for school work. Law contains a special clause stating that it is unlawful not to receive nurses into private homes, schools, or other places		Passed 1919	
Tennessee	None	Certain municipalities and one county employ public health nurses		
Texas	None; but bills before present session of the Legislature		Present session	
Utah				
Vermont	None	Local organizations employ 30 or more nurses throughout State		
Virginia				
Washington	None	Counties employ 15 tbc. nurses		
West Virginia	None	Public health nurses employed by other agencies. State Health Law recently created Division of Child Welfare, but not sustained by nurses	1919 old law amended	
Wisconsin	Within two years after July 1st, 1919, every county shall employ one or more public health nurses			
Wyoming	None			
New Mexico				

NOTE:—As it is desired that this summary be fully authoritative, the National Organization for Public Health Nursing has used, as only source of information, the statements of secretaries of boards of health (or their designated officers). We wish to complete and amplify this outline, and will be glad to hear from States not listed.

MISS FLORENCE BRADLEY, Librarian, 156 Fifth Avenue, New York City,
National Organization for Public Health Nursing.

The Diet Kitchen

By Elizabeth Robinson Scovil

The dietetic treatment of persons who are too fat and who are trying to reduce their weight is usually prescribed by a physician. There are some general principles which a nurse should bear in mind, as all the systems of dieting practically agree upon them.

The total quantity of food taken should be lessened as much as is possible without reducing the strength of the patient.

The amount of fluid taken should be much less than is normally required.

Sugar is usually absolutely forbidden and fats are strictly limited. Starches are cut off as much as possible, thus prohibiting potatoes and farinacious foods. Gluten bread is sometimes used instead of wheat bread.

Fresh green vegetables, those which grow above the ground, are permitted, except peas and beans, which contain too much protein.

Lean meat should form the basis of the diet, but as this grows very monotonous when it is the staple of the meals, other food is allowed in moderation.

It is not well to restrict the food too quickly, as it may bring on attacks of renal or hepatic colic. Diminishing suddenly the quantity of water taken interferes with the elimination of waste matter.

Some physicians permit the use of butter and cream in moderate quantities and do not prohibit starchy foods entirely. All, however, agree that the amount of food taken must be much smaller than the normal requirement and also that fluids must be restricted.

When gluten bread cannot be obtained, the crust of rolls is better for the patient than the crumb. The nurse may make soup sticks from ordinary bread dough by taking a ball of it in well-floured hands and rolling it into a thick roll, which can be lengthened by rolling it on the bread-board, without flour, until about eight inches long, then bake.

Salt Codfish is allowed in some dietaries. It takes the nurse's ingenuity to present it acceptably, but it can be done. When eggs are permitted, as they often are, the following recipe makes a dish that is relished.

Codfish de Luxe

One cupful of finely shredded codfish, put in a small saucepan and cover with cold water. Let it heat, but not boil. When it is soft, drain it

and press out as much water as possible. Have ready two well-beaten eggs, add a little pepper and the codfish and heat until well mixed. Heat a little butter in a frying pan, or lard if preferred, and drop tablespoonsful of the mixture into it; when set on the bottom, turn and brown the other side. Serve at once.

Browned Codfish

Take a small thick piece of codfish, put it on in cold water, heat gradually on the back of the range, but do not allow it to boil. When it is tender drain it and brown it in a frying pan with a little fat. Remove it and pour boiling water over it. After a few minutes transfer it to a flat dish and put a little butter on it.

As patients who are dieting for obesity seldom can have as much food as they desire, they should be directed to eat very slowly, chew each mouthful thoroughly and so prolong the consumption of their allowance of food as much as possible. The fluid which they can take should be drunk between meals and not when food is being consumed.

Elderly persons require less food as their physical activity decreases; but as the appetite continues good they often do not realize this and so eat more than is necessary for their bodily needs. This excess results in an accumulation of fat in and between the tissues. When this tendency to stoutness is established, it is apt to increase unless it is properly treated.

Vinegar, which is a favorite domestic remedy for reducing stoutness, it is said diminishes the alkalinity of the blood and so increases the formation of fat.

After a patient has undergone any course of special treatment and the weight has been sufficiently reduced, it is desirable to establish a diet which will prevent a return of the fat. Tea, coffee, with milk and bread alone for breakfast, fresh fruit instead of sweet desserts at dinner and a limitation of liquids through the day. Exercise is also very important.

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The World's Pulse

By Elizabeth Robinson Scovil

On the day that peace was signed, King George, speaking from the balcony of Buckingham Palace, said: "Peace has been signed, so ends the greatest war in history. I join you all in thanking God." The enormous crowd cheered almost continuously for many hours. Some one shouted "Now, what about the boys?" The Queen placed one hand on the shoulder of the Prince of Wales and the other on that of Prince Albert in acknowledgment.

A form of Dominion Home Rule is proposed for Ireland which would give that country complete control of her own affairs, and while doing away with the necessity of representation in the English Parliament, would leave her free to conclude a free trade agreement with the England which supplies her with the bulk of her raw material and keeps her prosperous by buying her produce and manufactures. The proposal is not favorably regarded by either Ulster or the Sinn Fein. but is endorsed by Sir Horace Plunkett and other leading Irishmen.

All the crew of the great airships R 34, which crossed the Atlantic and returned to England in safety, were provided with a parachute harness and lifebelt. Silk underclothing as well as thick wollens and a wind-proof flying suit were worn. A gramaphone was furnished for the amusement of the crew, six officers, and 20 non-commissioned officers and airmen of R. A. F., under the command of Major G. H. Scott, A.F.L. Three other officers, one an American, were carried as passengers.

The log book of the Victory, Nelson's flagship, has been sold in London recently for $25,000.00. It was purchased by Mr. James Buchanan and presented to the English nation, as a tribute to the navy of today. It is a series of brown parchment sheets, very fully covered with the sprawling handwriting of Thomas Atkinson, sailing master of the Victory. The log ends at 9:15 A.M. on the morning of the Battle of Trafalgar.

M. Clemenceau signed the treaty of peace with a beautifully embossed gold pen, presented to him by a girls' school in Paris. The Germans signed first, then the Americans, next the British and last the plenipotentiaries from Hungary. As the Germans left the chateau the French guard of honor presented arms, thus acknowledging that official friendly relations with Germany had been renewed.

The day after peace was signed the conservative papers in Germany appeared with black borders as a sign of mouring, and a mourning ser-

vice was held in all Evangelical churches in Russia, after which mourning peals were rung on the bells for an hour.

It has recently been made known that during the war the British manufactured the most powerful gun ever made. It fired a shell seven feet long, weighing 3300 pounds, which would travel twenty miles and pierce a foot of the hardest steel. It was used at Zeebrugge with excellent effect.

They also built torpedo-proof battleships, which can defy any existing torpedoes.

Thirty million yards of linen of various degrees of fineness has been sold by the Aircraft Equipment Section of the British Government Disposal Board for four million pounds sterling to one man, Leonard J. Martin, a London merchant. It was made originally for covering airplane wings. The finer qualities are suitable for infants' frocks, handkerchiefs and blouses. The coarser for summer skirts, overalls and bed linen.

Belgium has given a splendid site at the Menin Gate at Ypres to Canada for a memorial building, where may be gathered memorials of the Canadian fighting in the great war.

It is stated that Germans have succeeded in perfecting a gasoline turbine engine which will make an airplane to fly with almost no noise. This engine has been placed in airplanes holding sixty-four passengers each.

When all expenses connected with demobilization are paid, Canada's national debt will be nearly two billion dollars. Three quarters of the securities representing this debt are held by Canadians. Our Victory loan in 1918 of eight hundred millions was a greater accomplishment in proportion to population than any Liberty Loan in the United States.

The wagoner in Aesop, who prayed to Hercules, had his own strength revealed to him when he was *made* to put his shoulder to the wheel. We are past the praying time in Canada.

Nathan Littauer Hospital School of Nursing

NATHAN LITTAUER HOSPITAL SCHOOL OF NURSING (Registered) offers a complete general course of three years, with last six months given for specializing in any branch of the work chosen by the student.

Educational requirements, one year of High School or its equivalent. Classes from April and September.

For particulars, address Superintendent, Gloversville, N.Y.

The Nurse's Library

"Victory Over Blindness"

"Victory Over Blindness," Sir Arthur Pearson, $1.50; published by Hodder & Stoughton Limited, Toronto.

This book is a wonderful one in many ways, written by a blind man with the description of the work done for the blind soldiers in equipping them for self support, and with the cheerful ring of the man who feels that he is not helpless but handicapped. The aim of St. Dunstans is to develop a Hostel where the men could "learn to be blind," an attitude which involves the mental outlook as well as instruction in some industry. It reads like a miracle, that these poor, despondent, helpless men should be brought in such a comparatively short time to be cheerful, independent and (up to a limited degree) normal human beings. "After a visit to St. Dunstans," says Mr. Charles Marriott, "I am inclined to say that only the blind can really see, or if that is putting it too strongly, that the rest of us have to learn from them how to use our eyes. At any rate, "blind leaders of the blind" will never again mean anything to me but a proverb of human helpfulness."

We do recommend this book to every nurse, and that it should have its honored place in the library.

* * * *

Reconstruction Therapy

By William R. Dunton, Jr., M.D., Assistant Physician at Sheppard and Enoch Pratt Hospital, Townson, Md.; Instructor in Psychiatry, Johns Hopkins University. 12mo of 236 pages, 30 illustrations. Philadelphia and London: W. B. Saunders Company, 1919.

Cloth, $1.50 net.

W. B. Saunders Company
Philadelphia and London.

In the preface the author says: "It is only since the great war that Reconstruction Therapy has attracted the general attention and interest that I believe it deserves. With this sudden interest it seem to me that there is a danger lest the well-meant enthusiasm of poorly informed disciples may do harm. If, therefore, I have added anything which will be helpful to those who are helping others, I shall feel that I have not labored in vain. Chapters include, Qualifications of an Occupation Director, Duties of an Occupation Director, Training Courses, Occupational Therapy and the War, Physical Education, Occupation for the Feeble-minded, Occupational Therapy for the Blind, Occupational Therapy and Social Service, and a complete bibliography of Occupational Therapy.

Hospitals and Nurses

ONTARIO

Toronto Free Hospital, Weston

The graduates of the Toronto Free Hospital, Weston, held recently a delightful little picnic in the hospital grounds on the banks of the Humber. The occasion was a farewell visit to the training school of Nursing Sister Katherine Bass of the U. S. Army nursing service corps, prior to her departure for foreign service at Honolulu. Miss Bass went overseas in 1918 and has only recently returned from France. She is a graduate of class 1910. She carries with her the best wishes for her success from all who knew her at the home school.

We regret to announce that Miss Fellows, Assistant Superintendent of the Toronto Free Hospital, has resigned her position to take up mission work in West Africa. Miss Fellows is a graduate of the Hamilton City Hospital, Class 1917.

Members of the graduating class arrived home recently from their affiliation hospital at New York. They were entertained at dinner by the Night Supervisor on their return. Misses Mabel Avery, Cora Beckwith, Elizabeth Waitson and Mrs. Dora Borwick were those returning, Miss Eikenaar being still in New York.

The graduating exercises of the Victoria Hospital, London, Ont., were held May 7th, 1919, in the Auditorium of the First Methodist Church. Interesting addresses were given by Rev. Dr. Braithwaith, President of Western University and Dr. George McNeil, X-Ray specialist of the hospital. Dr. McNeil eulogized the work of the nursing sisters from Victoria Hospital for their work overseas, and a standing vote of recognition from the large audience was given at the request of Dr. McNeil to the memory of those nurses who had given their lives for the liberty of their country, and also to those nurses who passed away while on duty during the Influenza epidemic last winter.

A fine musical programme was interspersed with the addresses.

After the Nightingale Pledge, led by Col. Gartshore, Chairman of the Hospital Trust, had been taken by the twenty-seven graduates, the diplomas and badges were presented; each nurse was presented also with flowers. A dance was held in the evening at the nurses' residence of the Hospital.

The annual meeting of the Alumnae Association of Victoria Hospital, London, was held in June, the President, Mrs. Joseph, in the chair. Reports showed they had had a very successful year. During the "Flu"

epidemic some meetings had to be cancelled. Interesting addresses were given during the winter.

The Treasurer's report showed:

Total Receipts	$209.36
Expenses	190.00

The Association contributed to different charity organizations, and is in a very good financial condition.

HOSPITAL FOR SICK CHILDREN, Toronto

Mr. and Mrs. E. N. Butchart announce the marriage of their daughter Isabel Vivian to Dr. York Blayney, C.A.M.C., of Toronto. Miss Butchart is a graduate of the Hospital for Sick Children, Class 1917. Dr. and Mrs. Blayney are living in Edmonton.

Mr. and Mrs. H. Buchanan announce the marriage of their daughter Beatrice to Dr. J. Chassells of the Staff of the Soldiers' Civil Re-establishment. Miss Buchanan is a graduate of the Hospital for Sick Children, Class 1917, and was on the staff of the Davisville Military Hospital for two years. Dr. and Mrs. Chassells are living in their new home on Eglington Ave., Toronto.

Miss Florence Hart, who is in charge of the Out Patient Department of the Hospital for Sick Children, is convalescing from an operation for appendicitis.

Miss Jean Vining's friends wished her bon voyage this week when she left for London, England. Miss Vining will be married to Dr. Roy Scott, of Peterborough, Ont., who is taking post-graduate work in the London Hospitals. Miss Vining is a graduate of the Hospital for Sick Children, Class 1917.

A very up-to-date and complete addition to the X-Ray Department of the Hospital for Sick Children has been erected by the employees of the T. Eaton Co., to mark their appreciation of the betterment of conditions brought about by the granting of shorter hours of work, January 1st., 1919, by Sir John Eaton.

Miss Florence J. Potts, Superintendent of the Hospital for Sick Children, has recently returned from Vancouver, where she was attending the Convention of the Canadian National Association of Trained Nurses and the Canadian Association of Nursing Education.

Nursing Sisters Alice Grindlay, Marion Piggott, Helen Drummond and Marion G. Starr, graduates of the Hospital for Sick Children, have returned from overseas and are on duty at the Dominion Orthopaedic Hospital.

Miss Hazel Franks, graduate of the Hospital for Sick Children, Class 1912, who was in charge of the operating room of the Queen's Canadian Military Hospital, Beachborough Park, has returned home, and is Night Supervisor at the Lakeside Home.

Miss Bessie Mitchell, graduate of the Hospital for Sick Children, Class 1912, who was awarded the R.R.C. First Class, returned from overseas some weeks ago, and is now on duty at the Lakeside Home.

Miss Kathleen Panton, graduate of the Hospital for Sick Children, Class 1910, who was awarded the R.R.C. Second Class, has returned to Canada and is on duty at the Dominion Orthopaedic Hospital.

Miss Martha Monk, graduate of the Hospital for Sick Children, who was invalided home from overseas, is slowly convalescing at the Private Patients' Pavilion, Toronto General Hospital.

* * * *

MANITOBA

Brandon

The Brandon Association was represented at the Convention by Miss Christina McLeod, Assistant Superintendent at the Brandon General Hospital, and Miss Margaret Gemmill, President of the Association. Miss McLeod was elected Councillor for Manitoba.

Twelve nurses graduated in June, the medalists being S. Hill, E. Gourlay and B. Park.

Three nursing sisters arrived recently from overseas, Misses S. P. Johnson, R. R. C., 1st Class, M. Mowat, R.R.C., 2nd Class, and M. B. Hearn.

Nursing Sister Johnson, after a splendid career overseas, has, on her return, accepted the position of Superintendent of the Brandon General Hospital, which Miss Birtle has resigned. Miss Birtle's association with the hospital has been a long and successful one, and she carries with her the gratitude and admiration of all those connected with the institution both now and in the past.

Miss Stewart, Professor at Columbia University, New York, was a visitor at the home of her sister, Mrs. McKilligan, at the Experimental Farm, Brandon. During her stay she addressed the members of the Canadian Club and also met the graduate Nurses of Brandon at her sister's home.

* * * *

SASKATCHEWAN

A pleasant function took place in the afternoon of June 23rd in the Grand Theatre, Maple Creek, Sask, when Miss Alice Allen and Miss Grace Fleming graduated from the Training School connected with the Maple Creek, Hospital.

Mr. Herringer, President of the Board, presided, and the invocation was given by the Rev. Mr. Pollock. A short musical programme, followed by addresses, followed and the Florence Nightingale pledge was administered by the Rev. Dr. Langfeldt.

Shower bouquets of roses were given on behalf of the Board by

Mrs. John Dixon. The medals and diplomas were presented by Mrs. Herringer. An informal reception followed, the refreshments being provided by the Ladies Auxiliary, who also decorated the Hall. In the evening the nurses were entertained at the home of Mrs. Wilson.

* * * *

BRITISH COLUMBIA

Miss Elizabeth Atkinson, graduate of the Vancouver General Hospital, Vancouver, and who has recently returned home from overseas, where she was with the A. E. F., has accepted the position of Superintendent of the Prince Rupert General Hospital, Prince Rupert, B. C.

Miss Ethel I. Johns, who has been Superintendent of the Children's Hospital, Winnipeg, for some years, has accepted the position of Superintendent of Nurses at the Vancouver General Hospital. Miss Johns is a well-known figure among the Canadian nurses being Secretary of the C. N. A. T. N. She has been a member of the Health Commission of Manitoba for some time. She took a course at the Teacher's College, Columbia University, before accepting her present position. She is a graduate of the Winnipeg General Hospital.

Miss Bertha MacGillivray, Assistant Superintendent at the Royal Alexandra Hospital, Edmonton, Alberta, has been spending August with her family in New Westminster, B. C. Miss McGillivray is a graduate of the Royal Victoria Hospital, Montreal.

Miss Elizabeth Breeze, Superintendent of the School of Nurses, Vancouver, and Secretary of the G. N. A. of B. C., has returned from her vacation spent in Edmonton and Saskatoon.

Nursing Sister Beatrice McNair, of Vancouver, has returned from overseas, where she has been since the early days of the war. She obtained the Military Medal, being one of a very few to obtain this decoration. She had a very exciting time, being torpedoed going over and having her hospital bombed, as well as arriving in Paris on leave the very first day that "Big Bertha" started operations.

Nursing Sister E. V. Hussey, Medal of Honor, Medal of Gratitude, has reached her home in Victoria. She saw considerable service in England, France and Switzerland. Before proceeding to the front, Miss Hussey was matron of the Military Hospital, Esquimalt, B. C.

Nursing Sister Gertrude Black has returned to Vancouver after work at the front since 1914, in France for two and a half years, first in hospital work and then in clearing stations, where she remained till it was bombed. For some time she has been on duty on the Hospital Ship "Araguaya," plying between Liverpool and Portland, Maine.

BIRTHS

ROBERTSON—On July 16th, 1919, at Vanguard, Sask., to Mr. and Mrs. James Robertson, a daughter. Mrs. Robertson was Miss Garbutt, graduate of Owen Sound General Hospital, Class 1908.

MILLER—At St. Paul's Hospital, Saskatoon, Sask., on June 26th, 1919, to Mr. and Mrs. Robert Miller (Miss J. MacTavish, St. Paul's Hospital, Class 1916), a daughter, Helen Isabella.

MARRIAGES

BOLTRILL-RIECHENBACH—At Holy Trinity Cathedral, New Westminster, B.C., September 2nd, 1919, Olive Gretchen, third daughter of Mr. and Mrs. Joseph Reichenbach, New Westminster, B.C., to Lieut. H. R. Boltrill, 37th Battalion, Australian Forces, a son of J. H. Boltrill, Esq., Adelaide, South Australia, and nephew of Sir John Kirk, London, England. Miss Reichenbach is a graduate of the Royal Columbian Hospital, New Westminster, and has just returned from service overseas.

SNIDER-BISHOP—At St. Margaret's, Westminster Abbey, London, August 1st, Captain Harold Snider, son of the late John A. Snider and Mrs. Snider, Toronto, Ont., to Eleanor A. Bishop, daughter of Mr. and Mrs. A. Bishop, New Westminster. The bride is a graduate of the Royal Columbian Hospital, New Westminster, B.C., and has been overseas for some time on active service.

CARRUTHERS-MACLEOD—On Monday, August 4th, at Courtenay, B.C., Maude MacLeod, graduate of the Royal Victoria Hospital, Montreal, to Lieut.-Col. (Dr.) Carruthers, Superintendent of the Hospital, Cumberland, B.C.

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Regular Monthly Meeting—Third Tuesday, 8 p.m.

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"Canadian Nurse" Representative—Miss E. Morris.

Regular meeting, 1st Friday of every second month, from May to June, 4 p. m.

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Regular monthly meeting second Wednesday, 8 p.m.

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The Association meets in the Nurses' Residence the first Wednesday in October; then the first Wednesday of each altrnate month for the season.

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Regular Meeting—Second Monday of each month.

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Regular Meeting—Second Tuesday, 8 p.m.

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Programme Convener—Miss Miller, 6 St. Clair Gardens, Toronto.

Regular Meeting—Second Friday every second month.

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Regular Meeting—Fourth Thursday of each alternate month at 3 p.m.

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Regular Meeting—First Friday of each month.

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Regular Meeting—First Tuesday, 4 p.m.

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Representatives on Central Registry—Misses Goloy and Maude Thompson.

Representative on "Canadian Nurse"—Norine V. Schoales.

Regular Meeting—First Thursday every second month, 8 p.m.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL TRAINING SCHOOL FOR NURSES

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Regular Meeting—Second Wednesday, 8 p.m.

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